ANNUAL REPORT

WEYBURN-ESTEVAN HEALTH REGION NO. 3

1987

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GREETINGS FROM THE CHAIRMAN OF THE BOARD

Gordon Miles

Greetings to all who helped to keep our Health Region operational this past year. While we were somewhat short of staff most of the time, others picked up the slack and managed to keep all departments operational.

We were somewhat dismayed as a Board to have the Dental Plan cancelled with no consultation with us. In our estimation it was a very worthwhile endeavour. We trust that all of the young people who started out to make a career in helping children have better teeth will find appreciable employment.

The dreaded disease of Rabies seems to have abated somewhat, due in part to co-operation from those in the farming community.

The Government's seven-part program regarding health in the coming year should have everyone's co-operation. Great strides in our area regarding no smoking seems to have caught fire in most of the province. We expect great numbers in the sixteen to twenty-five-year age group to kick the habit. The result will be better health. Once you begin, everyone wins!

1 9 8 8

MUNICIPAL HEALTH REPRESENTATIVES

REPRESENTATIVE	ADDRESS	REPRESENTING
WEYBURN DISTRICT HEALTH COUNCIL		
Gordon Miles	3 - 3rd Ave.S., Weyburn S4H 1X2	City of Weyburn
Donald Debusschere	Box 53, Stoughton S0G 4T0	Town of Stoughton
Ernest Adderley	Box 358, Midale S0C 1S0	Town of Midale
Jean Gottfried	Box 120, Creelman S0G 0X0	Village of Creelman
J. M. Kitson	Colgate S0C 0V0	Village of Colgate
Ruth Chambers	Fillmore S0G 1N0	Village of Fillmore
Ruth Makelki	Comp.#22,Goodwater Site,Weyburn S4H 2L6	Village of Goodwater
James Weber	Box 938, Weyburn S4H 2L2	Village of Halbrite
Noelan Wallace	Box 3', Heward S0G 2G0	Village of Heward
No Appointment to Date		Village of Khedive
John Dyck	McTaggart S0G 3G0	Village of McTaggart
Donald Glover	Box 79, Osage S0G 3T0	Village of Osage
L. George Sheppard	Pangman S0C 2C0	Village of Pangman
Ferdinand R. Kuhn	Box 173, Midale S0C 1S0	R.M. of Cymri No. 36
Kim Oxelgren	Tribune S0C 2M0	R.M. of Lomond No. 37
Gordon Coutts	Stoughton S0G 4T0	R.M. of Tecumseh No. 65
Marvin Eddy	Box 183, Weyburn S4H 2J9	R.M. of Griffin No. 66
Jack Giroux	414 - 2nd St.N.E., Weyburn S4H 0V5	R.M. of Weyburn No. 67
Marnie Bernard	Box 8, Trossachs S0C 2N0	R.M. of Brokenshell No. 68
Chuck Jacques	Pangman S0C 2C0	R.M. of Norton No. 69
Bertha Rose	Box 639, Stoughton S0G 4T0	R.M. of Golden West No. 95
Chester Ray	Creelman S0G 0X0	R.M. of Fillmore No. 96
Adeline Seitz	Box 39, Tyvan S0G 4X0	R.M. of Wellington No. 97
ARCOLA DISTRICT HEALTH COUNCIL		
James McLean	Box 59, Arcola S0C 0G0	Town of Arcola
Marilyn George	Carlyle S0C 0R0	Town of Carlyle
Cliff Easton	Box 30, Redvers S0C 2H0	Town of Redvers
Geraldine Gervais	Box 250, Alida S0C 0B0	Village of Alida
Donald Revet	Antler S0C 0E0	Village of Antler
Donna Debusschere	Forget S0C 0X0	Village of Forget
John Houston	Kisbey S0C 1L0	Village of Kisbey
W. A. Smith	Manor S0C 1R0	Village of Manor
Gorman Orsted	Box 1, Antler S0C 0E0	R.M. of Storthoaks No. 31
Ken Kyle	Box 218, Redvers S0C 2H0	R.M. of Reciprocity No.32
Douglas F. East	Alameda S0C 0A0	R.M. of Moose Creek No.33
Stanley Fornwald	Box 225, Lampman S0C 1N0	R.M. of Browning No. 34
John Eberl	Box 70, Redvers S0C 2H0	R.M. of Antler No. 61
Ivan Ziegler	Box 6, Manor S0C 1R0	R.M. of Moose Mountain #63
Edyth E. Houston	Kisbey S0C 1L0	R.M. of Brock No. 64
Aime Guillemin	Box 542, Stoughton S0G 4T0	R.M. of Tecumseh No. 65

MUNICIPAL HEALTH REPRESENTATIVES 1988

REPRESENTATIVE	ADDRESS	REPRESENTING
ESTEVAN DISTRICT HEALTH COUNCIL		
John Empey	441 Willow Bay, Estevan S4A 2G3	City of Estevan
Ellen Waugh	Box 208, Lampman S0C 1N0	Town of Lampman
Garry Hammett	Box 296, Bienfait S0C 0M0	Town of Bienfait
		Village of Benson
Bernice Herzberg	Frobisher S0C 0Y0	Village of Frobisher
William Snider	Box 22, Macoun S0C 1P0	Village of Macoun
Mark Davis	North Portal S0C 1W0	Village of North Portal
Beatrice Thompson	Box 237, Bienfait S0C 0M0	Village of Roche Percee
Carl Graefer	Box 63, Torquay S0C 2L0	Village of Torquay
Glenn Walkeden	Box 82, Tribune S0C 2M0	Village of Tribune
Walter Shurygalo	Box 202, Bienfait S0C 0M0	R.M. of Coalfields No. 4
John Kish	Box 803, Estevan S4A 2A7	R.M. of Estevan No. 5
Dale Shauf	318 Spruce Dr., Estevan S4A 2G1	R.M. of Cambria No. 6
Jerome Ordahl	Box 36, Bromhead S0C 0N0	R.M. of Souris Valley No. 7
David Schnell	Box 291, Lampman S0C 1N0	R.M. of Browning No. 34
Henry Seeman	Box 42, Lampman S0C 1N0	R.M. of Benson No. 35
Gordon Klarholm	Macoun S0C 1P0	R.M. of Cymri No. 36
OXBOW DISTRICT HEALTH COUNCIL		
Thomas Morrow	Alameda S0C 0A0	Town of Alameda
James P. Ferguson	Box 280, Carnduff S0C 0S0	Town of Carnduff
Ann Marie Baerwald	Oxbow S0C 2B0	Town of Oxbow
Bruce Cook	Carievale S0C 0P0	Village of Carievale
Kenneth G. McLean	Gainsborough S0C 0Z0	Village of Gainsborough
Fernand Blerot	Storthoaks S0C 2K0	Village of Storthoaks
R. J. Burnett	Box 74, Glen Ewen S0C 1C0	Village of Glen Ewen
T. H. Redpath	Box 96, Gainsborough S0C 0Z0	R.M. of Argyle No. 1
H. E. Wilson	Box 158, Carnduff S0C 0S0	R.M. of Mt.Pleasant No.2
Fred C. Meyer	Oxbow S0C 2B0	R.M. of Enniskillin No.3
Milton Malin	Fertile S0C 0W0	R.M. of Storthoaks No. 31
No Appointment		R.M. of Reciprocity No.32
Walter A. Morrow	Alameda S0C 0A0	R.M. of Moose Creek No.33
RADVILLE DISTRICT HEALTH COUNCIL		
Jeannette Galarneau	Box 492, Radville S0C 2G0	Town of Radville
James D. Kimball	Ceylon S0C 0T0	Village of Ceylon
John Blackmore	Gladmar S0C 1A0	Village of Gladmar
Irene Rudland	Box 631, Radville S0C 2G0	Village of Hardy
Lena Bernier	Box 63, Lake Alma S0C 1M0	V[illa]ge of Lake Alma
Alfred Bell	Minton S0C 1T0	Village of Minton
Elden Lohse	Beaubier S0C 0H0	R.M. of Lake Alma No. 8
Clifford LaBatte	Box 152, Minton S0C 1T0	R.M.of Surprise Valley #9
Pierre Verot	Radville S0C 2G0	R.M. of Laurier No. 38
Raymond Riviere	Box 707, Radville S0C 2G0	R.M. of The Gap No. 39

April 6, 1988

WEYBURN-ESTEVAN REGION

REGIONAL BOARD MEMBERS

Name	Phone No.		Term of Office
Gordon Miles, Chairman 3 - 3rd Avenue S.E. Weyburn, Sask. S4H 1X2	842-2491	Re-elected	Jan. 1/88 to Dec. 31/90
Henry Seeman Box 42 Lampman, Sask. S0C 1N0	487-2860	Re-elected	Jan. 1/88 to Dec. 31/90
Cliff Easton Box 30 Redvers, Sask. S0C 2H0	452-3317	(Previous Incumbent I. Ziegler)	Jan. 1/88 to Dec. 31/90
Marnie Bernard Box 8 Trossachs, Sask. S0C 2N0	442-4405		Jan. 1/87 to Dec. 31/89
Don Debusschere Box 53 Stoughton, Sask. S0G 4T0	457-2236		Jan. 1/87 to Dec. 31/89
John Empey 441 Willow Bay Estevan, Sask. S4A 2G3	634-7224		Jan. 1/87 to Dec. 31/89
Ken Kyle Box 218 Redvers, Sask. S0C 2H0	452-3844		Jan. 1/87 to Dec. 31/89
Carl Graefer Box 63 Torquay, Sask. S0C 2L0	923-2061		Jan. 1/86 to Dec. 31/88
Cliff LaBatte Box 152 Minton, Sask. S0C 1T0	969-2138		Jan. 1/86 to Dec. 31/88
Tabor H. Redpath Box 96 Gainsborough, Sask. S0C 0Z0	685-4706		Jan. 1/86 to Dec. 31/88

MEDICAL HEALTH OFFICER AND REGIONAL DIRECTOR'S REPORT

Dr. C. Cunning

There has been considerable change in the past year for Community Health Services Branch.

The Government's aim of downsizing has been accomplished with the Early Retirement Program (ERP) and by deletion of vacancies.

Imbalances were created between disciplines and between Regions. These are presently being addressed.

As well there was an effort to reduce the numbers in management as well as reducing the levels of those in management.

The Medical Health Officer has been named Regional Director for both Regions and there is a new position, Director, Support Service, to assist in administering both Regions, as well as being responsible for Community Therapy, Chiropody and Clerical.

We are aware now of our total staff complement, although some of these positions have yet to be filled.

We do have a new discipline, that of Dental Health Educator. These positions are filled by Dental Therapists from the former Dental Program. They provide dental prevention information on oral hygiene, diet and dental health instruction to children Grades K - 4. They are also consultants to teachers, care givers for seniors and to athletic coaches.

The remaining staff complement includes 12 for Nursing; 3 for Inspection; 1 for Speech/Language Pathology; 1 for Chiropody, with an assistant; 2 in Community Therapy and the 2 in Dental Health Education. There will be 3.6 positions in Clerical. Other positions that are shared with Regina Rural are: Medical Health Officer and Regional Director, Director, Support Service, Nutritionist, Senior Public Health Inspector and Early Childhood Psychologist.

During the transition period, our Regional Nursing Supervisor, Laraine Tremblay, was Acting Regional Director and we thank her for a difficult job well done.

We are presently organizing the available staff to provide maximum service. Regions that are twinned are:

Moose Jaw/Swift Current

Regina Rural/Weyburn-Estevan

Prince Albert/Melfort-Tisdale

Rosetown/Saskatoon Rural

North Battleford)
Yorkton) are not twinned but staff there will take on extra responsibilities

To further improve efficiency, the six-region concept is being considered. Input is requested from the Municipal Health Representatives. The concept has been discussed at the Board Chairpersons' meeting and at the various Board meetings and is an important item for the Chairpersons to discuss with the Minister on April 12 in Saskatoon. We would appreciate suggestions from your District discussions this afternoon.

The six-region concept discussion includes the possibility of CHSB six-region boundaries becoming coterminous with those of Mental Health. As well, a streamlining of Board structure - so that one Board represents the combined region (and is advisory to both Community Health and Mental Health). Up for discussion are:

- boundary lines
- rationale for the proposal
- benefits
- disadvantages
- headquarters location
- Board structure and size
- twinning
- organizational structure
- staff morale

It is felt that in general, efficiency and economy will result, allowing our reduced staff to best provide maximum service.

As to health concerns, Measles has been of low prevalence this year. Recently some Influenza B virus has been reported amongst the elderly. There is to sign of the Shanghai A strain here.

Western Equine Encephalitis was again not a problem with the dry summer conditions.

Rabies has decreased in the wild animals.

We have a new vaccine for Hamophilus B bacteria, which can cause Meningitis and Epiglottitis in infants. This is serious, particularly under 2 years. Our program will be administered at the 18-month visit.

Our Public Health Inspection staff continue the food handlers' courses to keep gastro-intestinal food-borne diseases under control.

Of the sexually transmitted diseases, Chlamydia leads in incidence and is

a problem with often few symptoms but may lead to pelvic inflamatory disease and sterility.

AIDS is a big concern. Although still of low incidence here, Sask. Health has an active information campaign with a new coordinatory, Kathy Seaman. They have produced informational pamphlets and have a speakers bureau of volunteers to present the Provincial AIDS package to interested groups on request. This is what you will see later this morning. Media ads are being developed. The test of AIDS or HIV positivity is now reportable to ensure adequate counselling to patients and families.

Non-smoking programs continue and I am pleased that your school poster and radio spot contest was again a success under the able guidance of then Acting Regional Director, Laraine Tremblay.

I have again enjoyed working with our dedicated health professionals, with you the Municipal Health Representatives and with your Board.

I look forward to a more settled and productive 1988.

REGIONAL STATISTICS

TABLE 1 - VITAL STATISTICS

	1984	1985	1987
Population*	51,940	52,280	52,010
Total Births	830	761	721
Unmarried Mothers	105	109	97
Birth Rate	16.0	14.6	13.9
Total Deaths	421	409	462
Infant Deaths			
0 - 12 months	6	13	6
Under 28 days (Neonatal Deaths)	5	12	4
Stillbirths	4	2	5
Infant Mortality Rate	7.23	17.08	8.32
Neonatal Mortality Rate	6.0	15.8	5.3
Crude Death Rate	8.1	7.8	8.9

* S.H.S.P. includes Registered Indians

TABLE 2 - COMMUNICABLE DISEASE STATISTICS

	1984	1985	1987
Gastroenteritis			
- Bacterial (Campylobacter 14; E.coli 1)	6	-	15
- Viral	16	-	2
Giardiasis	3	-	32
Hepatitis - Viral A	10	9	2
- Viral B	2	1	5
Measles	-	1	-
Meningitis - Bacterial (Haemophilus)	-	-	1
- Viral	2	-	-
Mumps	-	-	-
Pertussis	-	2	-
Rubella	-	6	-
Salmonella	11	29	13
Sexually Transmitted Diseases			
- Chlamydia	NA	NA	42
- Gonorrhea	18	20	14
- Syphilis	-	-	-
- Genital Herpes	NA	NA	2
Shigellosis	2	-	-
Tuberculosis - Pulmonary	3	2	-
- Other	1	-	-

*Annual Report not printed in 1986.

TABLE 3 - RABIES POSITIVE ANIMALS

	1984	1985	1987
Skunk	47	46	20
Cat	2	2	-
Cattle	2	4	2
Dog	-	-	-
Bat	-	1	-
Other	1*	2*	-
TOTAL:	52	55	22

* Horse

TABLE 4 - CAUSES OF DEATH

	1984	1985	1987
Cancer of the Lung	19	17	30
Other Cancers	71	85	82
Ischaemic Heart Disease	96	93	126
Diseases of the Circulatory System	87	89	88
Other Diseases of the Respiratory System	44	31	31
Diseases of the Nervous System	8	4	9
Other Diseases of the Digestive System	17	13	15
Transport Accidents	18	12	16
Other Accidents	13	12	10
Suicide	6	2	11
Homicide	1	-	1
Other Causes of Death	41	51	43
TOTAL:	421	409	462

DIRECTOR, SUPPORT SERVICES, REPORT

Gary Benz

Much attention has been drawn to the 80's regarding changes in health costs, delivery and health issues. Many problems encountered today were not envisaged some 30 or 40 years ago and governments have had to focus on health issues and make some changes to guarantee health care services for the future.

I am encouraged to see the increasing public awareness about the value of prevention. It takes a team approach to deal with the diverse factors involved in health care.

During this period, lifestyle programs were believed to hold the key for improving the health of Canadians; efforts were placed on factors such as nutrition and cardiovascular health.

Individual health related behavior was profoundly influenced by social forces such as television, advertising, peer group, and in some situations by resolutions passed by Regional Boards of Health and Municipal Health Representatives (e.g. No Smoking Contests and advocation of No Smoking in public places and in schools). However small, they all played a part in improving our health and environment.

A recent article in The Leader Post, Saturday, March 26, 1988, reaffirms my thinking on the matter, stating that our planet is going downhill, and Dr. John Last, a Medical Doctor and editor of the Canadian Public Health Association Journal, said, "The health of the earth is an essential prerequisite for the health of all people of the earth; if our planet sickens, we too will sicken, if our planet dies, we will all die with it".

He also inferred that governments aren't always very interested in the advice we have to offer, but implied we must speak and play a leadership role as Public Health Professionals.

Because of the diversity of conditions which influence health, our health policies should be related to policies in other sectors such as agriculture, employment, transportation, education, economic development and housing. As health workers, educators and role models, we should be addressing occupational hazards, environmental risks and social pathogens which affect all--workers and those who live in areas near industrialized plants or polluted waters.

Health workers involved in promoting preventive health care are a team of highly dedicated and trained professionals who make contributions toward the goal of improving the health of Canadians and preventing disease in our society.

I feel it is important to recognize the services of other groups vital to the operation. A note of thanks goes to many volunteer organizations, speakers on AIDS, local radio and newspaper mediums, physicians, teachers and superintendents who make it possible to reach the appropriate target groups.

PUBLIC HEALTH NURSING REPORT

Laraine Tremblay

This report marks the 13th year I have written an annual report as Nursing Supervisor for this Health Region. Although I've never considered myself a superstitious person, I began to wonder about that when I set out writing this 13th report. Never have I found it so difficult to describe or highlight the activities or accomplishments of any given year in Public Health Nursing.

After having mulled over some of the happenings, I realized it had nothing to do with being superstitious or this being report No. 13. It had been an unsettling year--pure and simple.

Staffing was in a critical state throughout the year. We began the year with two vacancies in the Weyburn office; shortly therafter vacancies continued to crop up with the most drastic evidence being in the Estevan office. When we thought things couldn't get much worse, the Radville position was also vacated. To make a long story short, by the time August rolled around, we had no Public Health Nurses in Estevan, no Public Health Nurse in Radville, two Public Health Nurses hired on a temporary basis only in Weyburn, and I had been assigned duties of Officer-in-Charge since Monica Hoffart's early retirement.

Needless to say, services were curtailed. Child Health Conferences were cancelled in a variety of locations, prenatal classes were cancelled, and those staff members remaining found themselves scurrying about, many in territories and on roads they'd never before explored.

The total number of nursing months lost due to vacancies was 42--a phenomenal number when one considers that requests for services continue. Expectant parents continue to request prenatal group education. New mothers expect a home visit to discuss their questions and concerns. Infants and preschoolers continue to require immunization and assessments regarding their growth and development. Students require immunization and in some cases vision and hearing screening. Teachers request a resource person in their health classes. Clients with respiratory equipment demand assistance with the setup and use of their equipment. The elderly request environmental and mobility aids so they can remain in their homes. The consumer wants questions answered regarding the incubation period for chickenpox. The Day Care Worker wants some answers about scabies. The contacts to a positive case of tuberculosis require skin testing. The anxious parent wonders about the pertussis component of the DPT vaccine--what about the new vaccine some countries are using? Notifications of sexually transmitted diseases continue to be reported by physicians and contact to positive cases need follow-up, and the list goes on. And that's good--that's what we're all about. These are important preventive health services; they are services that are valued and appreciated. Individuals, families, and communities are wise to seek out these preventive

services. Spare us the day these services are not valued. Then we will truly have reached a crisis in health history.

But this situation takes its toll on the nurses. They came into Public Health because it is all about people, prevention, health promotion, and professionalism. Instead, they've had to hurdle increased workloads, proposed deletions of programs that are valued both by them and the consumer, and continued internal and external expectations of providing a high-quality service.

Public Health Nurses have at times been described as unsung heroines. This past year has truly made that choice of words most appropriate. The veteran Public Health Nurses (only three of whom were here at this time last year) and those who have started at various times throughout this unsettled year are truly to be commended. They not only persisted in spite of the almost insurmountable odds, but strived to maintain a quality of service that they can be proud of as professionals and that the consumer can be satisfied in receiving.

Perhaps this report has portrayed a rather negative image of 1987--perhaps that is the image that should be left. We can only hope that this year has made everyone more appreciative of the public health services that are offered--that they are of significant value to be preserved and that the professionals who provide them should not be taken for granted.

PUBLIC HEALTH NURSING STATISTICS

(April 1, 1987, to March 31, 1988)

	1986-87 Total No.	1987-88 Total No.
Total Number of Home Visits Made	2,814	1,646
A. Maternal Health		
*Prenatal classes held	154	108
*No. of expectant mothers attending	245	147
*No. of fathers/coaches attending	227	134
Prenatal home visits	211	112
Postnatal home visits	723	452
B. Child Health		
Infants (0-12 months) attending	NA	2,390
Preschoolers (13 months to 5th birthday) attending	NA	3,302
Home Visits:		
Infants	928	557
Preschoolers	271	149
C. School Health		
School enrolment	10,186	10,123
Students followed up	1,902	1,642
Students attending health education programs	485	256
D. Communicable Disease Control and Investigation		
Follow-up visits	151	169
E. Adult Health		
Home Visits:		
Elderly (over 65 years)	574	283
Other adults (under 65 years)	321	244
Physically handicapped	223	75
SAIL recipients	422	321

*Prenatal class statistics reflect calendar year.

PUBLIC HEALTH INSPECTOR'S REPORT

Bob Stone

Public Health Inspection provides services through the administration of statutes, departmental policies and education in an effort to improve environmental health. Although in many cases legal prosecution could be implemented to achieve legislative compliance, generally a more proactive approach is used utilizing education and consultive services.

The major components of our time are inspection of public and food facilities (32%), general administration (16%), travel (14%) and plumbing inspections (10%). This distribution of time is based on the first 10 months of this fiscal year where only one-third of the facilities which should be inspected annually have been completed.

The Weyburn-Estevan Health Region presently has 900 permanent facilities such as public eating establishments, recreational facilities, schools, institutions, food processors and distributors which require regular inspections. In addition, there are a large number of non-specific facilities which demand our attention. They are, to name a few: plumbing inspections, private water and sewage systems and housing complaints.

Shortly after the last annual meeting. Mr. Gordon Button accepted early retirement. His years of experience in this region are certainly missed. Also, Trevor Getty, PHI II, returned from educational leave to accept a position in central office as a consultant. He has since left that position for employment in Winnipeg.

Effective September, 1987, this region acquired the services of Bob Stone as the Senior Public Health Inspector, twinned with Regina Rural Health Region. Mr. Stone comes to the region on a lateral transfer from central office where he was a consultant responsible for matters pertaining to food and, as the Provincial Milk Sanitarian, monitored the 12 Saskatchewan milk pasteurizing plants and their products. As he continues to bear the responsibilities for these plants, Ms. Yvonne Schiller has been temporarily performing the duties of a PHI II to assist with administration.

Due to staff reductions and early retirements, the staff compliment for Public Health Inspectors in this region has dwindled by 50% -- from five inspectors to two and one-half. The increased area has further reduced efficiency by proportionately increasing district size, thereby requiring considerable more travel time. Ms. Schiller and Mr. Scott deserve considerable credit for carrying out their work program as effectively as they have considering this staff shortage. Although swamped with work, they did present seven Sanitation Training Programs for foodservice workers throughout the region.

I am pleased to report that Community Health Services Branch has struck a committee to review the present responsibilities of the provincial Public Health Inspector with a mandate to determine which activities are essential

and which are redundant or not effective. With changes in technology and society's expectations, it is imperative that such a review be carried out from time to time. For example, where an inspector's time was once spent resolving outdoor privy, garbage and nuisance complaints, an inspector is now faced with new environmental health challenges. Carbon monoxide in skating aremas, urea formaldehyde and radon gas in the home, as well as new chemicals being produced as pesticides and food additives are but a few man-made public health concerns. An inspector's involvement with communicable disease has shifted from tuberculosis, polio and smallpox to new ones such as campylobacteriosis, giardiasis and AIDS. What was once a simple swimming pool is now a water-theme park with huge water slides, wave machines, aerators and sprayers. It is essential that we adapt to meet these new challenges.

PUBLIC HEALTH INSPECTION STATISTICS

Facility Type	No. in Region	No. of Inspections	% Inspected	Time Spent (Hrs)	% of Time
Eating Establishments	266	146	55	248	12
Food Distribution & Processing	112	32	29	71	3
Liquor Outlets	53	15	28	19	1
Water & Sewage Complaints	24	1	4	90	4
Hospitals & Institutions	58	14	24	32	2
Schools	65	2	3	10	1
Trailer & Mobile Home Courts	13	6	46	65	1
Hotels & Motels	56	16	29	16	1
Public Swimming Pools	38	34	89	102	5
Personal Service	65	1	2	16	1
Public Facilities	45	4	9	18	1
Recreation Facilities	107	20	19	52	3
TOTAL	901	291	32		

Non-Facility Activities		
Plumbing	203	10
Investigations	98	5
General Services (travel, training, monitoring, meetings)	512	25
Office Duties (projects, research, administration)	474	23
Other		2
	2026	100

SPEECH-LANGUAGE PATHOLOGIST'S REPORT

Janet Dean

The year of 1987 is best remembered as a year of change and new beginnings. Changes were in the form of new boundaries, resignations and population redistribution. These changes prompted many new beginnings in the Health Region such as the acquisition of three new rural municipalities and new clinic site coverage.

The most significant change was Bette Kelly's resignation from the Estevan Speech-Language Pathologist (S/LP) position December, 1987. This position has now been lost leaving one S/LP to service the Health Region.

Before the S/LP vacancy in Estevan (January-December 1987), the Health Region divided its S/LP coverage into two areas. Clinics were held in Weyburn, Estevan, Carlyle and Oxbow. Regular weekly therapy and speech/language reviews and assessments were held in all four clinics.

The loss of one of the S/LP positions forced Community Health Services Branch (CHSB) to reduce this region's caseload numbers and travel time by redistributing some of the population and temporarily closing two clinic sites. Effective March 1, 1988, six rural municipalities in the north east corner of the Health Region were transferred to the Regina Rural Health Region's S/LP. People in the Rural Municipalities of Nos. 31, 32, 61, 63, 95 and 96 now travel to Kipling for Speech-Language Pathology services. To further increase the time effectiveness of the one S/LP, the Carlyle and Oxbow clinics were temporarily closed. Clinics are now held in Weyburn or Estevan only.

Monthly statistics have indicated that since January 1, 1987, the total population receiving speech-language pathology services in the region has increased by 30% while speech-language pathology staffing has decreased 50%.

It is predicted that population numbers will continue to increase as other disciplines in the Health Region are filling vacancies. In the past year, Public Health Nurse (PHN) referrals accounted for 72% of total referrals. This occurred when PHN's were drastically short staffed. To manage these changing numbers, a 15-point priority rating system was used in client selection for therapy. Clients were assigned a prioritized number and programmed accordingly. As population numbers continue to rise, this system will be of increasing value.

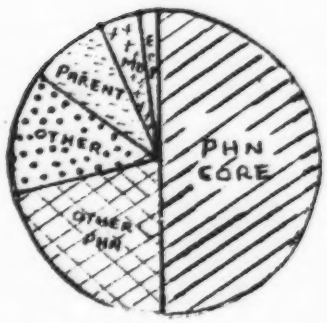
In 1987, several children received programming from other disciplines such as Saskatchewan Hearing Aid Plan (SHAP) and Early Childhood Psychologist (ECP). Co-ordination between the S/LP and other disciplines is of great benefit when programming. The absence of an ECP delayed services to children seen by both disciplines. It is a pleasure to welcome Larry Mahovsky back to Health Region #3 and hope that interdisciplinary co-ordination is able to continue.

Once again, the PHN's three-year-old CORE Communication Screen made up a strong majority of the S/LP referrals. Even with the numerous PHN vacancies throughout the Health Region, 72% of the total referrals came from PHN's. Other referrals came from parents, Mental Health Services, Social Services, physicians and Wascana Rehabilitation Center.

I would like to express my appreciation and thanks to all of my co-workers. I have enjoyed my time and work here and wish everyone the best of luck in the years ahead.

SOURCE OF REFERRALS

	W		E	Total	
PHN-CORE	69	+	57	126	50%
Other PHN	36	+	19	55	22%
TOTAL	105		76	181	72%
ECP	1	+	0	1	1%
SHAP	0	+	0	0	0%
Parent	10	+	16	26	10%
MD	2	+	6	8	3%
Other	20	+	17	37	14%
TOTAL				253	100%



POPULATION SERVED

	Jan. 1, 1987	Dec. 31, 1987
Preschool	144	178
Adult	11	22
TOTAL	155	200

SERVICES PROVIDED

No. of Clients:	Assessed:	90 + 77 = 167
	Reviewed:	82 + 55 = 137
	Discharged:	94 + 81 = 175

	Mar. 1, 1988	Jan. 1, 1987
Wtg. Assessment	23 + 10	23
Wtg. Review	13 + 29	2
Wtg. for Tx	28 + 42	4

EARLY CHILDHOOD PSYCHOLOGIST'S REPORT

Larry Mahovsky

Does your child have temper tantrums?
Is your child hyperactive?
Are you having trouble toilet training your youngster?
Do you think your child's development is delayed?
Are you unsure whether or not your child should enter Kindergarten this year?
Does your child refuse to eat his vegetables?
Does your child always cause a commotion when you are at the store?
Are your children always fighting?
Are you afraid that your child is retarded?
Where can you get information on bedwetting?

These are some of the many situations that I deal with each year as an Early Childhood Psychologist. Some problems are easily and quickly dealt with while other problems may require many months before a solution is found.

Most referrals to the Early Childhood Psychologist originate with the Public Health Nurse or the Speech-Language Pathologist, although some parents do call me directly to discuss their concerns. Once I receive the referral, I contact the parents of the child being referred and book an appointment to see them. This appointment may be either at the regional office in Regina, at one of the district offices (Strasbourg, Southey, Fort Qu'Appelle, Indian Head, Grenfell, Kipling, or Moosomin), or at their home. Since I am also serving the Weyburn-Estevan Health Region, I meet with clients at the regional office in Weyburn or at one of the district offices (Redvers, Carlyle, Oxbow, Estevan, or Radville), or at the client's home.

If the child's development is suspect, I may administer one or more tests such as the Bayley Scales of Infant Development, the Stanford-Binet Intelligence Scale, the McCarthy Scales of Children's Abilities, the Wechsler Preschool and Primary Scales of Intelligence, the Kaufman Assessment Battery for Children, and the Developmental Test of Visual-Motor Integration. If the child's behavior is the major problem, I discuss this with the parents and together we try to find the most appropriate and effective way to eliminate the unwanted behaviour.

I work only with children five years of age and younger who are not attending school or a school-funded program such as a Developmental Centre. One major characteristic of these young children is that they change so quickly and drastically in a short period of time. What may appear to be a delay or a problem at one point in time may be completely cleared up one or two months later. This is why it is extremely important to be aware of the variations of normal development in children and to be able to determine if the referring problem is significant or not. Also, every child progresses through an almost identical pattern of development in relation to other children, although the speed at which they progress is different from other children. This is why not all children learn to crawl, walk or say their first two-word sentence at exactly the same time.

A child's behaviour also changes over time according to a set pattern. That is why we expect certain behaviours to emerge during certain periods in a child's growth. For instance, we would expect a three-year-old child to be afraid of the dark and animals, or we would expect a 21-month-old child to strip off his clothes and run naked through the house. These are perfectly normal behaviours for these children. Having a good working knowledge of child development can greatly assist parents in determining what behaviours may or may not be a problem and will help in determining how best to deal with non-typical behaviours.

Much of the work I do in the area of behaviour problems consists of assisting parents develop parenting skills to deal effectively with their child. Since many young children have limited comprehension abilities, reasoning with them is often ineffective because they cannot understand. Rather, it is much easier to change their behaviour through actions, not words. However, if actions are not consistently applied, the unwanted behaviour may become worse rather than better. Working with parents on this particular aspect of changing behaviour is an important part of my job. Co-operation of the parents in changing behaviour is so crucial in eliminating unwanted behaviour.

If my testing determines that a child's development is significantly delayed, there are three options available: 1) referral to an Early Childhood Intervention program, nursery school or day care, 2) referral to an early entrance to school program, or 3) I can develop a program for the child.

The three Early Childhood Intervention programs available in the Regina and Weyburn-Estevan Health Regions are:

1. Regina Rural Infant Stimulation Program - based in Regina
2. South-East Early Childhood Intervention Program - based in Carlyle
3. Weyburn Early Childhood Intervention Program - based in Weyburn

When I refer a child to an Early Childhood Intervention program, the parents are contacted by a Home Developmental Therapist who explains the program and completes an application for the child. This application is then reviewed by the Admissions and Review Committee which consists of representatives from Rehabilitation Services/Social Services, Department of Education, Department of Health, the ECIP Board, and the Home Developmental Therapists. The child's application is reviewed and discussed and, if there is no waiting list, the child can usually be placed on the program immediately. Once on the program, the Home Developmental Therapist goes to the child's home twice each month to work with the child and show the parents how to work with their child to overcome the developmental delay. The child's progress is monitored by the Admissions and Review Committee members on a regular basis.

Sometimes the delay is manifested in the child's inability to interact appropriately with other children and adults. When this occurs, a program where the child can become involved with a group of children is necessary. In these cases, a day care or nursery school is the logical program. If I request that the child be placed in one of these situations to learn social skills, the Department of Social Services may provide a Special Needs grant to the facility to cover the costs of the program. The program is then reviewed every six months by a representative from the Department of Social Services, the nursery/day care staff, and myself.

If the parents and I determine that the early school entrance option is most appropriate, the parent is required to approach the local school/ school board with a request for programming. The local school authorities then consider the parent's request and act upon it according to their mandate.

If neither of the two options are chosen, I develop a program for the child to be implemented by the parents. Toilet training and bedwetting are examples of two programs that I use most frequently. Since my time is so limited, and since program development is so time consuming, I usually am not able to program for more than a handful of children each year.

If I am unable to assess a child or if I find I do not have the expertise to do a proper assessment, I sometimes refer the child for assessment to Wascana Hospital in Regina or the Alvin Buckwold Centre in Saskatoon. If the presenting problem appears to involve the whole family or if I do not have adequate time to allocate to the client, I will refer to Child Youth Services in Regina or Weyburn.

The Regina Rural and Weyburn-Estevan Health Regions cover roughly the south-east corner of the province. The population in this area is approximately 130,000. Each year I attempt to service each district office on a regular basis which involves driving in excess of 35,000 kms. every year. If the weather is favourable, it is almost a pleasure to drive but in the winter months, I receive a lot less pleasure from it!

* * *

The year 1987 proved to be extremely frustrating for Early Childhood Psychology services in the Regina Rural and Weyburn-Estevan Health Regions. I was unable to work a complete year due to a heart condition which required surgery in December, 1987. I was able to return to work full-time on March 21, 1988.

Continuity of my work was severely disrupted last year due to my illness as I was forced to be absent from work in January, February, March, April, the first part of September and for most of December. It seemed as though

I would just get caught up from my previous time off when I would be forced to take another month or so off work.

Hopefully, the surgery has 'fixed' the problem and I am looking forward to working a complete, healthy year.

Despite having missed so much time from work, I was able to complete assessments on 114 children from both health regions (a yearly caseload would be about 180 assessments). Approximately 54% of my time was spent on client-related activities such as assessment, report writing, test scoring, program research, etc. Sixteen percent of my time was spent consulting with other professionals either about specific clients or about children in general. Over 20% of my time was spent travelling while about 10% was spent on administrative matters such as staff meetings, office correspondence, and other office-related tasks.

It is hard to believe how quickly the year has sped by. Undoubtedly, 1988 will pass just as swiftly! I look forward to serving the people living in our two Health Regions and wish all of us a happy and healthy year.

REGIONAL NUTRITIONIST'S REPORT

Laurie A. Wadsworth

The Public Health Nutritionist promotes optimal nutritional health for the community through provisions of consultative services, information, educational resources, counselling services and programs directed to health professionals, government agencies, community groups and individuals.

Due to the long-term sick leave, the Nutrition position was vacant for four months. Once the incumbent Nutritionist commenced maternity leave, the position was filled on a temporary basis.

During the 1987-88 year, the Public Health Nutritionist continued to be responsib e for both Regina Rural and Weyburn-Estevan Health Regions. To meet the many and varied needs of the population served, the Nutritionist participates in diverse activities, such as:

- group education sessions
- media promotional activities
- professional consultation and inservice
- program planning
- diet assessment and counselling
- resource development
- research

A summary of activities and progress during the past year follows:

1) Weight control has become a national obsession. Each year millions of dollars are spent on diet clinics and books, reducing aids, exercise classes and diet foods. Many Canadians feel pressured to achieve unrealistically low weights. Consequently, the promotion of healthy weights for all Canadians has become a priority. The Nutritionist, as part of a provincial committee, established promotional strategies for the healthy weight concept.

   National Nutrition Month focused on the Healthy Weights Promotion. During March, activities stressed the introduction of the healthy weight concept, body mass index and waist-to-hip ratio to both professionals and the public. The Nutritionist participated in the development of a set of overhead transparencies and an informational pamphlet for use in education activities. Inservice was provided to some hospital personnel in the area.

   The Provincial Healthy Weights Promotion Committee will continue to function throughout the coming year as strategies for different target groups are developed.

2) The new Federal guidelines on prenatal nutrition were released this year. This provided the opportunity to promote the availability of inservice sessions to health professionals. As a result, several presentations should be held in the coming year.

3) To better reach the school-aged population with reliable nutrition information, workshops for teachers of Divisions I and II were instituted. The workshop materials are provided by the Saskatchewan Dairy Foundation. To date, the response in this area has been slow. Further avenues for promotion will be investigated for the coming year.

4) Of late, there has been much concern over pregnant women at risk for delivering low birth weight infants. This has led to the formation of a Provincial committee to investigate possible preventive measures. The Nutritionist participated in the development of an educational pamphlet for pregnant women. As well, work was initiated on possible screening and counselling criteria.

5) Nutrition education for seniors was the focus of a small working group of Nutritionists. The Nutritionist co-developed a set of overhead transparencies to be used when presenting nutrition information to older adults.

6) Due to the large number of Public Health Nurses to whom information is provided and the decreased number of nursing staff conferences, inservice priorities needed to be established. To determine the learning needs of Public Health Nurses, a needs assessment survey was conducted. The results will assist the nutritionist in planning future inservice topics.

7) As part of a continuing commitment to professional education, two dietetic interns were provided with one-week public health experiences.

8) Group education was provided to 21 groups in 14 communities in the two Health Regions. A further four sessions were declined due to scheduling difficulties and program priorities.

9) The demand for nutrition information and services continued, resulting in the provision of professional consultation, counselling, and resources to 287 individuals, agencies, and special groups.

10) The promotion of good nutritional practices as fundamental to an individual's preventive health care needs continued to be emphasized in the weekly newspaper column 'Good Eating Today'. This column is sent to 16 papers in the two Health Regions. The average pick-up rate has fallen over the past year. Contact with the editors to improve the rate will continue. The assistance of the Municipal Health Representatives and Public Health Nurses would be appreciated. It could serve to reinforce the important role played by the column and, hence, the newspaper in the health of the total community.

Thanks are extended to community members and Municipal Health Representatives for their interest in and input to the nutrition program. As well, the staff of the two Health Regions and central office are thanked for their continued co-operation and support.

NUTRITION STATISTICS

SERVICES	1986-87	1987-88*
Nutrition Education		
Number of Groups	28	21
Attendance	684	465
Orientation		
Number of Sessions	11	6
Attendance	12	9
Number of Interns	2	2
Duration of Experience	3 weeks	2 weeks
Media and Nutrition Promotion		
Press Releases		
Number researched & written	12	4
Number sent to newspapers	52	52
Radio Spots		
Number written	21	4
Number taped for broadcast	24	6**
Radio/Newspaper Interviews	3	2
Displays	11	2
Resource Development	1	12
Resource Review	17	20
Professional Consultation/Technical Support	888	287
Dietary Assessment/Counselling		
Counselled	42	42
Consulted	58	44
Assessed	-	2

Special Projects

1) Development of overheads for use provincially in presentations to seniors' groups.
2) Development of overheads for use provincially in presentations regarding healthy weights promotion.

* Position vacant for 4 months
** Broadcasts discontinued due to low staffing

CHIROPODIST'S REPORT

Dr. Brent D. Haverstock

My first year of work as the Chiropodist for the Region has been a very interesting one.

It took some time to come to terms with the administrative duties; this is not something they teach you at college.

So far this year, our department has been involved in numerous inservice presentations to various groups in the Region.

1. Education Inservices on Footcare and Treatments

   i) Nursing staff at Redvers Centennial Haven
   ii) Weyburn Community College Homecare Student
   iii) Estevan's St. Joseph's Hospital Nursing Staff

2. Workshops with various clubs

   i) Weyburn Diabetic Association
   ii) Regina Y.M.C.A. Triathlon Club

In the next year, I hope to visit all the doctors in the Region and explain the value of the program to these practitioners. The Weyburn-Estevan Region has a high turnover of doctors, so it is important to inform the newly arriving doctors of the program.

I also hope to write some foot health articles for publication in some of the local newspapers.

CHIROPODY STATISTICS

TABLE I — CATEGORY OF RETURN PATIENTS BY LOCATION
August 1987 - March 1988

LOCATION	TOTAL TREATMENTS GIVEN	LESS DISCHARGES	TOTAL CASELOAD AT MARCH 31/88
Weyburn	931	44	887
Estevan	233	13	220
Carlyle	76	7	69
Total	2965	334	1156

TABLE II — CATEGORY OF NEW PATIENTS BY LOCATION
August 1987 - March 1988

LOCATION	CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4	TOTAL	% of TOTAL
Weyburn	36	15	61	102	214	60%
Estevan	26	5	15	44	90	26%
Carlyle	10	2	14	22	48	14%
Total	72	22	90	168	362	100%
% of Total	20.2%	7%	25.2%	47.6%	100%	100%

TABLE III — CATEGORY OF NEW PATIENTS BY LOCATION
TOTAL CASELOAD LESS DISCHARGES
February 1984 - March 31, 1988

LOCATION	CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4	TOTAL	% of TOTAL
Weyburn	368	76	299	330	1075	66.5%
Estevan	128	19	24	104	344	21.3%
Carlyle	74	13	47	62	196	12.2%
Total	570	108	370	496	1615	100%
% of Total	36.6%	7.6%	23.9%	31.9%	100%	100%

Category 1 Medically at Risk (Elderly)
Category 2 Medically at Risk (General Population)
Category 3 Well Elderly
Category 4 General Population (Not Medically at Risk)

COMMUNITY THERAPISTS' REPORT

Sharon Gheyssen Barb Naviaux Karen Hammell

* Sharon Gheyssen, B.P.T.

Areas Served - Bienfait, Estevan, Lampman, Midale, Stoughton, Weyburn, Fillmore, Pangman, Radville

Days Worked - 2 days/week - Tuesday & Wednesday
1 extra day/month - usually Friday

I have one out-patient centre at Radville which is a 15-bed hospital with an attached 49-bed special care home. I visit the special care homes at Stoughton, Estevan, Weyburn and Bienfait, the small hospitals at Midale and Pangman and the integrated facilities at Lampman and Fillmore. I do home visits in these and neighboring communities and rural areas.

In early summer last year, because several of the smaller facilities were not effectively utilizing the time allotted to them, I put them on an access-to-service basis. This meant that rather than make a regular visit, I would only visit following a request for service. This also reduced my driving time and allowed me to make more effective use of my working time.

Bienfait made several requests but used less than their allotted time, i.e.: one day every three months. I probably visited about every four to five months.

Pangman made no requests for service.

Midale closed their hospital temporarily and have made no requests since they reopened (I believe in December or January).

Lampman has been receiving monthly visits but that is now slacking off to about one day every two months.

Fillmore initially had a few requests but since opening their new facility in November, they have received monthly visits. This may continue, at least temporarily.

Stoughton has been receiving monthly visits, with several home visits being required. They may now go back to their allotted one day every two months with some fluctuations expected.

In Estevan, the special care home has made no requests. The larger nursing home and the Developmental Centre receive regular visits. At the Developmental Centre, I see specific students, am present during the visits of the Wascana Outreach Team (whenever possible) and provide a consultation service. I feel that it is important to work with the Outreach team to provide extended follow-up care for the children in our community. I have also done many home visits in Estevan. Estevan will continue to require at least two

days a month or more. I have been in contact with the Estevan Home Care and expect to receive some referrals as well as inservice requests. I have received a request from St. Joseph's Day Hospital to present a lecture to their clients.

Weyburn have not utilized their time. There have been no requests from the special care home. I have done a few home visits. However, I have contacted the Weyburn Home Care and the Weyburn Union Physical Therapy Department to offer follow-up care for patients returning home when necessary. I expect that Weyburn will require at least their allotted one day a month.

Radville continued to require more than their allotted time, with three days a month being used for the hospital and out-patient clinic and one day a month for the special care home.

I have also made several home visits to rural areas and communities in the surrounding areas.

I have contacted the facilities at Midale and Pangman to remind them that the service is still available to them and what the program offers.

In general, I have held inservices on mobility aids, back care, transfers and lifting in all my facilities. I have assisted the activity workers in each special care home with their general and individual exercise programs and walking programs, and provide an ongoing consultation service.

Last spring, the other two Community Therapists and I put on a one-day workshop in Gainsborough, which Karen Hammell (O.T.) organized. The same workshop was presented on two consecutive days in the fall in Weyburn, which I organized. Staff from almost all of my facilities attended with some also coming from Wolseley.

Karen presented the sessions on ADL aids, reality orientation and sensitivity training. Barb Naviaux (P.T.) did the sessions on ROM, positioning and mobility aids. I presented the sessions on back care, body mechanics, lifting and transferring patients. These workshops were very well received and provided access to inservice education to a large area thereby making very efficient use of our time.

On March 24th, Karen and I were the therapists in attendance at the Estevan location for the STELLA workshop on Transferring, Lifting and Caring, where the enrollment was the second highest in the province.

In Radville, I am on the Back Care Education Committee for the hospital and special care home. We have implemented and are carrying out the Back Pack Program. This comprehensive program of back care, body mechanics, lifts and transfers will eventually be taught to all staff members.

We have trained and certified a Core group to assist in implementing and supervising the techniques taught. As well, there is a remedial program for the employee who has injured his back. The Transfers and Lifts for Caregivers program (T.L.C.) which SHA is currently promoting will be incorporated into our program as they complement each other quite nicely.

Last year, I saw a total of 45 in-patients, 110 out-patients and did 230 nursing home and home visits. I spent 121.55 hours in inservice education for staff and 184.35 hours on the road.

* Barb Naviaux, B.P.T.

Areas Served - Redvers, Arcola, Carlyle, Wawota

Days Worked - 14 days/month, a total of 168 days for 1987-1988

Redvers - Redvers Union Hospital is an out-patient centre which I visit four times per month. Out-patient referrals are generated not only from the Redvers area but also Moosomin, Maryfield and other communities in the Regina Rural area. The Redvers Hospital is a 21-bed hospital with two Level IV residents. Redvers also has a 24-bed nursing home which I visit one day per month.

Arcola - Brock Union Hospital is also an out-patient centre which I visit five times per month. Out-patient referrals are generated from Arcola, Carlyle, Kisbey, Forget, Whitebear Reserve and Kenossee Lake. The hospital is a 22-bed hospital and also has two Level IV residents.

Wawota also has an out-patient centre which I visit three days per month. There is a small 13-bed hospital as well as a 30-bed nursing home, 18 of the beds being Level IV. The home also has an active adult Day Care Centre. Wawota is busy with referrals from Wawota and Maryfield as well as Whitewood, Kipling, Kennedy and Moosomin.

Carlyle has a 36-bed nursing home. I visited Carlyle one day per month, visiting the nursing home residents and making home visits.

I have made several home visits to rural areas and other surrounding communities to provide treatment and assessment and also to teach family and home care workers how to handle the patient and do their exercise programs with them.

Direct Patient Care - This involves assessment, program planning, treatment and education for individual out-patients, in-patients, nursing home and home visit patients. There was a total of 1320 patient visits: 200 in-patient visits and 1120 out-patient, home visit patients and nursing home residents.

Staff Education - 106.5 hours were spent in preparation and presentation of inservice lectures to staff at hospitals, nursing homes and for home care workers. In general, inservices in body mechanics, back care, lifts and transfers, chest conditions and their management, positioning for specific medical conditions, and active and passive range of motion have been given at several different facilities at their request for their specific needs. I have also helped staff in the hospitals and nursing home with general and specific individual programs for their patients.

Sharon, Karen and I have also put on one-day workshops on June 25th in Gainsborough and November 3rd and 4th in Weyburn for health care workers. These workshops have sessions in body mechanics and lifts, transfers being presented by Sharon (P.T.), positioning for specific medical conditions and active and passive range of motion presented by myself. Ample time was provided for each registrant to practise the techniques learned. Lectures on activities of daily living, dressing, feeding aids, sensitivity training and reality orientation were given by Karen (O.T.). These workshops were well attended and evaluation forms showed a good response. More will be presented in different areas next year.

On January 8th, I was asked by the Weyburn-Estevan Public Health Nurses to give a 2½-hour presentation on chest conditions and their management and arthritis and its management in Weyburn.

I was involved in the community therapy program major project which was the filming of a teaching tape for health care workers in conjunction with Kelsey Institute. This tape was filmed in Saskatoon at the University of Saskatchewan and was aired March 24th to 14 different areas in the province, live from Saskatoon.

I supervised 17 nursing home, hospital and home care staff at the Weyburn location at Souris Valley Centre of this STELLA production. I spent many hours writing and perfecting my 40-minute portion for "Positioning For Specific Conditions" for the tape.

Public Education - 15.75 hours were spent on public education. These included: lecturing on preventative medicine, exercise to 25 senior citizens in Kisbey, observing senior's exercise classes and again stressing preventive medicine and helping them with their classes, speaking to students on physical therapy as a career, participating in the Redvers Hospital day tours, being interviewed for an article on community therapy for the Carlyle Observer, etc.

Support Activities - I attended several meetings during the year in program planning and development April 1st. All three therapists attended the District Representative's Meeting in Stoughton. I attended a one-day course in Saskatoon on 'Modalities Review'. I spent 209.5 hours on the road travelling to my areas and meetings.

* Karen Hammell, O.T.(C), O.T. Reg(Sask), Dip C.O.T.(G.B.)

Areas Served - Oxbow, Carnduff, Gainsborough

Days Worked - 1 day/week - Tuesday
Extra days - making splints for Weyburn-Estevan Region patients

During the past year, I have become more comfortable in working in my new area.

Gainsborough hosted a one-day workshop in June, which I organized, to include all the Health Region's Therapists and covered several topics for the new staff at the integrated facility and those in the surrounding towns.

I have assessed each resident in the long-stay wing and have visited several members of the communities of Gainsborough and Carievale in their own homes. Due to my increased workload in Oxbow and lack of demand elsewhere, I have been visiting Carnduff and Gainsborough one day each month, unless a specific request requires more immediate attention.

In Carnduff, I have liaised with South East Home Care concerning specific events, have provided home visits, and also visited the special care home.

Due to the increased number of physicians in Oxbow, I have been extremely busy with in and out-patient services, and am trying to restrict home visits as a result. I continue to visit the Glen McGuire School for Exceptional Children.

In Oxbow, I have seen 359 out-patients with 132 new referrals and a total of 87 in-patients. I have also worked with one of our physicians to draw up a more suitable program of postnatal exercises.

Forty percent of my time during the year was spent on treatment, 20% on education, 21% on travel, and the remainder on: consultation (2%), program planning (7%), employee meetings (4%), quality assurance (1%), and statistics, preparation, clean up, etc. (5%).

The travel component was high this year due to my participation in the filming in Saskatoon of the successful STELLA workshop and due to also travelling to Lampman and Estevan to construct orthoses for specific clients.

In November, I spent two days in Weyburn participating in workshops for nursing staff from the west and north of our Health Region.

I have written two articles for the upcoming editions of the continuing Core Exchange papers concerning feeding aids and reality orientation.

In the coming year, I aim to introduce a larger community education component into my program.

DENTAL HEALTH EDUCATORS' REPORT

Melanie Lemieux Rosemary Henricksen

* Melanie Lemieux, D.H.E.

I attended an inservice on September 1, 9 & 10, October 5 - 9, and December 15 & 16, 1987.

I had an interview with the local newspaper, the Carlyle Observer, regarding services available out of the Carlyle Public Health Office on September 15, 1987. Preparation time was spent on material to be used for: classroom presentations, resource catalogue for school teachers and preschool and day care workers.

I conducted classroom presentations to all K, Grade 1, 3 and 4 classrooms (2,330 students in 120 classrooms) in the following school divisions: Indian Head S.D. #19, Grenfell S.D. #92, Wolseley S.D. #25, Regina East S.D. #77 (Odessa), Moosomin S.D. #9, Broadview S.D. #18, Arcola S.D. #72 and Weyburn Central S.D. #73.

I attended Director and Principal meetings in all of the above school divisions to introduce myself and to explain the new Dental Health Education program.

I have the following schools participating in the Flouride Mouth Rinse Program: McLean, Qu'Appelle, Indian Head, Sintaluta, Langbank, Corning, Montmarte, Glen Avon, Stoughton and Arcola. This includes a total of 1,356 students.

* Rosemary Henricksen, D.H.E.

I deal with nine local school boards: Oxbow, Estevan Rural, Estevan Separate, Estevan Public, Radville, Weyburn Central, Weyburn Separate, Weyburn Public and Prairie View (plus three other boards: Glen McGuire--Oxbow, Estevan Developmental Centre and St. Olivers--Radville) for a total of 49 schools with a Kindergarten to Grade 8 enrolment of approximately 5,920.

During September to mid-October, I adjusted to a change of position and established a new program. From mid-October to February, 186 first presentations (45 minutes) were given to approximately 3,401 Kindergarten to Grade 4 students. Then from the end of February to March 31st, 15 second presentations (40 minutes) were given to approximately 254 Kindergarten and Grade 1 students. I also organized for Dental Health Month. I have had 10 days inservice education from September, 1987 to March 31, 1988.

I supervise seven Fluoride Mouth Rinse Programs in the following schools: Alida, Carievale, Gainsborough, Glen Ewen, Benson, Scotsburn and Torquay. I have also been promoting a preschool kit for use in nursery schools or day care centres, etc. It has been out six times for approximately 160 children.

I have had numerous phone calls regarding the new dental program and have made many phone calls to schools for scheduling of presentations and monitoring of fluoride rinse programs.

WEYBURN-ESTEVAN HEALTH REGION STAFF
(As of March 31, 1988)

WEYBURN REGIONAL OFFICE	TELEPHONE: 842-4691
Medical Health Officer & Regional Director (Shared)	Dr. Clive Cunning
Director, Support Services (Shared)	Mr. Gary Benz
Regional Nursing Supervisor	Mrs. Laraine Tremblay
Assistant Regional Nursing Supervisor	Mrs. Fran Kambeitz
Public Health Nurse I	Mrs. Val Fister
Public Health Nurse I	Mrs. Brenda Fradette
Public Health Nurse I	Miss Shannon Gerry
Senior Public Health Inspector (Shared)	Mr. Bob Stone
Public Health Inspector I	Miss Yvonne Schiller
Speech and Language Pathologist	Miss Janet Dean
Nutritionist (Shared)	Miss Laurie Wadsworth
Early Childhood Psychologist (Shared)	Mr. Larry Mahovsky
Clerk-Steno III	Mrs. Rita Martyn
Clerk-Steno II	Mrs. Gloria Allen
Clerk Typist II	Mrs. Lynn Rogal
Clerk-Typist II (Part-time)	Mrs. Valerie Thomas
Chiropodist	Dr. Brent Haverstock
Chiropody Assistant	Ms. Josie Akins

ESTEVAN DISTRICT OFFICE	TELEPHONE: 634-3651
Public Health Nurse I	Ms. Barbara Anderson
Public Health Nurse I	Ms. Janet Ehrmantraut
Public Health Nurse I	
Public Health Nurse I (Part-time)	Mrs. Linda Klein
Public Health Inspector I	Mr. Russell Scott
Public Health Inspector I	
Speech & Language Pathologist	
Dental Health Educator	Mrs. Rosemary Henricksen
Community Therapist	Mrs. Sharon Gheyssen
Clerk-Typist II (Part-time)	Mrs. Elaine Boire
Clerk-Typist II (Part-time)	Mrs. Maureen Tessier

CARLYLE DISTRICT OFFICE	TELEPHONE: 453-6131
Public Health Nurse I	Mrs. Jane Wilmot
Dental Health Educator	Mrs. Melanie Lemieux

OXBOW DISTRICT OFFICE	TELEPHONE: 483-2313
Public Health Nurse I	
Community Therapist	Mrs. Karen Hammell

RADVILLE DISTRICT OFFICE	TELEPHONE: 869-2555
Public Health Nurse I	Mrs. Judy DeRoose

REDVERS DISTRICT OFFICE	TELEPHONE: 452-3464
Public Health Nurse I	
Community Therapist	Mrs. Barb Naviaux